

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039452

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 100

Primary Registration District No. 3041

Registrar's No. 169

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0611

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY **Macon**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Macon**Length of stay in lb
Yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **314 Butler**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Macon**c. CITY OR TOWN **Macon**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
314 ButlerReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Albert**Norris Whyles**

4. DATE OF DEATH

Month

Day

Year

Oct. 27 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
May 31, 18899. AGE (last birthday)
73IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Agent, Operator10b. KIND OF BUSINESS OR INDUSTRY
C. B. & D. R.R.11. BIRTHPLACE (City and state or country)
Macon County, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.13a. FATHER'S NAME
W. B. Whyles13b. MOTHER'S MAIDEN NAME
Ellen Sumpter14. NAME OF HUSBAND OR WIFE
Thelma Whyles15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
No17. INFORMANT
Thelma Whyles Macon, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary OcclusionINTERVAL BETWEEN ONSET AND DEATH
Inst

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Left Bundle Branch Block May 1956

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1956** to **Oct. 27, 1962** and last saw him alive on **Oct 25, 1962**
Death occurred at **2:00** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)
Lester Hutton22b. ADDRESS
Macon, Missouri22c. DATE SIGNED
10/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
Oct. 29, 196223c. NAME OF CEMETERY OR CREMATORY
Maplewood Cem.23d. LOCATION (City, town, or county)
Clarence, Mo.

(State)

24. FUNERAL DIRECTOR
Lester HuttonADDRESS
Macon, Mo.25. DATE RECD. BY LOCAL REG.
10/30/6226. REGISTRAR'S SIGNATURE
Paul H. Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.